

County: Brown  
GRANCARE NURSING CENTER  
1555 DOUSMAN STREET

Facility ID: 3840

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GREEN BAY 54303 Phone: (920) 494-4525  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 75  
Total Licensed Bed Capacity (12/31/01): 75  
Number of Residents on 12/31/01: 58

Ownership:  
Highest Level License:  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 64

Corporation  
Skilled  
No  
Yes  
Yes  
64

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.1
Supp. Home Care-Personal Care	No					1 - 4 Years		27.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		29.3
Day Services	No	Mental Illness (Org./Psy)	3.4	65 - 74	8.6			-----
Respite Care	No	Mental Illness (Other)	25.9	75 - 84	25.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	13.8	95 & Over	22.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	20.7	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	27.6		-----	RNs		13.9
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		8.6
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.9	Male	15.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	84.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Skilled Care	7	100.0	290	26	96.3	101	0	0.0	0	22	95.7	138	0	0.0	0	1	100.0	199	56
Intermediate	---	---	---	1	3.7	83	0	0.0	0	1	4.3	138	0	0.0	0	0	0.0	0	2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	7	100.0		27	100.0		0	0.0		23	100.0		0	0.0		1	100.0		58

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	2.6	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	6.9	58.6	34.5	58
Other Nursing Homes	1.7	Dressing	15.5	67.2	17.2	58
Acute Care Hospitals	94.0	Transferring	22.4	56.9	20.7	58
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	22.4	58.6	19.0	58
Rehabilitation Hospitals	0.0	Eating	48.3	39.7	12.1	58
Other Locations	1.7	*****				
Total Number of Admissions	233	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.9	Receiving Respiratory Care		3.4
Private Home/No Home Health	34.7	Occ/Freq. Incontinent of Bladder	43.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	19.1	Occ/Freq. Incontinent of Bowel	24.1	Receiving Suctioning		0.0
Other Nursing Homes	1.3			Receiving Ostomy Care		1.7
Acute Care Hospitals	22.5	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		12.1
Rehabilitation Hospitals	0.0					
Other Locations	11.0	Skin Care		Other Resident Characteristics		
Deaths	11.4	With Pressure Sores	3.4	Have Advance Directives		86.2
Total Number of Discharges		With Rashes	1.7	Medications		
(Including Deaths)	236			Receiving Psychoactive Drugs		6.9

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities  
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	This Facility %	Ownership: Proprietary Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.3	82.7 1.03	85.1 1.00	84.3 1.01	84.6	1.01
Current Residents from In-County	86.2	82.1 1.05	80.0 1.08	82.7 1.04	77.0	1.12
Admissions from In-County, Still Residing	8.6	18.6 0.46	20.9 0.41	21.6 0.40	20.8	0.41
Admissions/Average Daily Census	364.1	178.7 2.04	144.6 2.52	137.9 2.64	128.9	2.82
Discharges/Average Daily Census	368.8	179.9 2.05	144.8 2.55	139.0 2.65	130.0	2.84
Discharges To Private Residence/Average Daily Census	198.4	76.7 2.59	60.4 3.29	55.2 3.60	52.8	3.76
Residents Receiving Skilled Care	96.6	93.6 1.03	90.5 1.07	91.8 1.05	85.3	1.13
Residents Aged 65 and Older	100	93.4 1.07	94.7 1.06	92.5 1.08	87.5	1.14
Title 19 (Medicaid) Funded Residents	46.6	63.4 0.73	58.0 0.80	64.3 0.72	68.7	0.68
Private Pay Funded Residents	39.7	23.0 1.72	32.0 1.24	25.6 1.55	22.0	1.80
Developmentally Disabled Residents	0.0	0.7 0.00	0.9 0.00	1.2 0.00	7.6	0.00
Mentally Ill Residents	29.3	30.1 0.97	33.8 0.87	37.4 0.78	33.8	0.87
General Medical Service Residents	6.9	23.3 0.30	18.3 0.38	21.2 0.33	19.4	0.36
Impaired ADL (Mean)	49.3	48.6 1.01	48.1 1.02	49.6 0.99	49.3	1.00
Psychological Problems	6.9	50.3 0.14	51.0 0.14	54.1 0.13	51.9	0.13
Nursing Care Required (Mean)	2.8	6.2 0.45	6.0 0.46	6.5 0.43	7.3	0.38